



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7765

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 10/687,579 | FILING DATE 10/16/2003 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 59785-8 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

James C. Chen, Bellevue, WA;

** CONTINUING DATA ***** NONE

** FOREIGN APPLICATIONS ***** NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/02/2004

| | | | | | |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY WA | SHEETS DRAWING 2 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 2 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged

Examiner's Signature _____ Initials _____

ADDRESS
 22504
 DAVIS WRIGHT TREMAINE, LLP
 2600 CENTURY SQUARE
 1501 FOURTH AVENUE
 SEATTLE, WA
 98101-1688

TITLE
 Photodynamic therapy for local adipocyte reduction

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 486 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|